2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am Secretary of State P97000079807 **DOCUMENT #** 1. Entity Name 02-26-2002 90116 022 ***158.75 PENINTA - PENINTA, INC. Principal Place of Business Mailing Address 3728 FLAGLER AVENUE 3728 FLAGLER AVENUE KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0785361 Not Applicable Zip Country Zip Country \$8.75 Additional M 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROBERT, DANIEL C Street Address (P.O. Box Number is Not Acceptable) **3728 FLAGLER AVENUE** KEY WEST FL 33040 City Zip Code F١ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition TITLE TIPLE Delete PROBERT, DANIEL C NAME NAME STREET ADDRESS **3728 GLAGLER AVE** STREET ADDRESS KEY WEST FL 33040-4529 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE **VD** Delete TITLE NAME NICOLAIDES, E.N. NAME STREET ADDRESS STREET ADDRESS 7065 S.W. 67TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition TITLE ☐ Delete TITLE STD NAME PROBERT, VIRGINIA W NAME STREET ADDRESS STREET ADDRESS 3728 FLAGLER AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040-4529 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

C. PROBERT 10726 Z002 (305) 294-7243